

HABITATIONAL POLICY CHANGE REQUEST

INSURANCE COMPANY

POLICY / BINDER NUMBER

1. INSURED'S FULL NAME AND POSTAL ADDRESS

2. BROKER'S NAME AND POSTAL ADDRESS

UW INSURE BROKER

12408 108Ave NW

POSTAL
CODEPOSTAL
CODE T5M 0H3

CONTACT NUMBER

HOME

BUSINESS

CELL

FAX

CONTACT NUMBER

HOME

BUSINESS

CELL

FAX

PREFERRED LANGUAGE

☐ ENGLISH☐ FRENCH

BROKER CONTRACT NUMBER

BROKER SUB-CONTRACT NUMBER

EMAIL ADDRESS

GROUP / PROGRAM NAME

GROUP ID

WEBSITE ADDRESS

BROKER CLIENT ID

COMPANY CLIENT ID

3. POLICY CHANGE DATE

EFFECTIVE DATE

TIME

a.m. ☐
p.m. ☐

EXPIRY DATE

AT 12:01 A.M.

ALL TIMES ARE LOCAL TIMES AT THE APPLICANT'S
POSTAL ADDRESS STATED HEREIN.

4. NAME / ADDRESS CHANGE

☐ NAME CHANGED (REFER TO SECTION 1) GIVE REASON FOR CHANGE☐ ADDRESS CHANGED (REFER TO SECTION 1)

5. RISK ADDRESS

☐ ADD☐ DELETE☐ CHANGE

LOC. NO.

6. LOSS PAYEE

☐ ADD☐ DELETE☐ CHANGE

RANK

NATURE OF INTEREST

LOC. NO.

7. RATING INFORMATION

YEAR BUILT	# OF STOREY'S	# OF FAMILIES	# OF UNITS	GROUND FLOOR AREA		<input type="checkbox"/> SQ. FT.	<input type="checkbox"/> SQ. M.				
OCCUPANCY	CONSTRUCTION	SECURITY SYSTEM	Y	N	LOCAL	MON-ITORED	HEATING	FUEL	PRI-MARY	AUX-ILIARY	
PRIMARY	BRICK	FIRE					FURNACE (CENTRAL)				
SECONDARY	CEMENT	BURGLAR					COMBINATION WITH WOOD				
SEASONAL	FRAME	SECURITY ATTENDANT					COMBINATION WOOD / OIL				
RENTAL	ALUMINUM	MONITORED BY					COMBINATION WITHOUT WOOD				
RENTAL (TO 3RD PARTY)	MASONRY						FURNACE (CENTRAL) WITH ADD-ON WOODBURNING UNIT				
VACANT	STONE	ALARM CERTIFICATE ATTACHED					HEAT PUMP				
UNOCCUPIED	STUCCO	SPRINKLER					SPACE HEATER				
UNDER CONSTRUCTION	FIRE RESISTIVE	SMOKE DETECTORS					ELECTRIC				
STRUCTURE TYPE	STEEL	DETECTOR TYPE	NO:				WALL FURNACE				
DETACHED	MASONRY VENEER						FLOOR FURNACE				
SEMI-DETACHED	BRICK VENEER	RENOVATION UPGRADE	FULL	PARTIAL	YEAR		FIREPLACE INSERT				
TOWNHOUSE	NON-FIRE RESISTIVE APT	ELECTRICAL					RADIANT FLOOR				
ROWHOUSE		____AMPS <input type="checkbox"/> BREAKERS <input type="checkbox"/> FUSES					ELECTRIC RADIANT HEAT CEILING*				
HIGHRISE	FIRE PROTECTION	<input type="checkbox"/> KNOB & TUBE <input type="checkbox"/> ALUMINUM <input type="checkbox"/> COPPER									
MOBILE HOME	UNPROTECTED	HEATING					SOLID FUEL HEATING UNIT				
DUPLEX	WITHIN ____ M. OF HYDRANT	PLUMBING					HEATING UNIT PROFESSIONAL INSTALLATION				
MULTIPLEX	WITHIN ____ KM. OF FIREHALL	COPPER ____% PLASTIC ____% _____%					HEATING UNIT ULC, CSA, OR WH APPROVED				
PRE-FAB	NAME: _____	ROOFING					*HEATING AREA SQ.M. MAKE YEAR				
	OIL TANK	TYPE					NO. FACE CORDS PER YEAR				
OUTBUILDINGS	YEAR	SWIMMING POOL TYPE					ATTACHMENTS	REMARKS	Y	N	CODE
NO. OF	<input type="checkbox"/> OIL TANK LOCATION INSIDE	<input type="checkbox"/> NONE YEAR					SOLID FUEL QUESTIONNAIRE				
USE	<input type="checkbox"/> OIL TANK LOCATION OUTSIDE	<input type="checkbox"/> ABOVE GROUND, WITH FENCE					DWELLING EVALUATOR				
CONST.	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> ABOVE GROUND, WITHOUT FENCE									
HEAT	<input type="checkbox"/> IN GROUND, WITH FENCE	<input type="checkbox"/> IN GROUND, WITHOUT FENCE									
VALUE	<input type="checkbox"/> ABOVE GROUND										

8. COVERAGE: FORMS, LIMITS & DEDUCTIBLES

PACKAGE FORM AND TYPE

RATING PLAN

DEDUCTIBLE \$

SINGLE LIMIT	DWELLING BUILDING	DETACHED PRIVATE STRUCTURE	PERSONAL PROPERTY	ADDITIONAL LIVING EXPENSES	LEGAL LIABILITY	VOLUNTARY MEDICAL PAYMENTS	VOLUNTARY PROPERTY DAMAGE
\$	\$	\$	\$	\$	\$	\$	\$

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9. ADDITIONAL COVERAGES Action: A = Add, D = Delete, C = Change

ACTION	COVERAGE CODE	COVERAGE DESCRIPTION	LIMIT #1	DEDUCTIBLE	DEDUCTIBLE TYPE	1 ST TYPE OF

10(A). LIABILITY EXPOSURES (Yes answers require liability extension coverage or remarks explaining coverage declined.)

DO YOU OWN / RENT MORE THAN ONE LOCATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU OWN ANY SADDLE / DRAFT ANIMALS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, ARE ANY LOCATIONS RENTED TO OTHERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IS THERE ANY KIND OF BUSINESS OPERATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THERE A CO-OCCUPANT THAT REQUIRES COVERAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DESCRIBE BUSINESS	
CO-OCCUPANT NAME		IS THERE ANY NON FAMILY MEMBER WORKING AS STAFF?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU RENT ROOMS TO OTHERS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF DOGS IN THE HOUSEHOLD	BREED(S) OF DOGS
IS THERE A DAYCARE OPERATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER EXPOSURES	

10(B). LIABILITY EXTENSIONS FROM PRIMARY LOCATION**11. DISCOUNTS AND SURCHARGES**

ACTION	CODE	LIABILITY COVERAGE DESCRIPTION	NUMBER OF	TYPE OF	CODE	DISCOUNTS AND SURCHARGES DESCRIPTION	%	PREMIUM APPLIED TO BASE
					DISMG	MORTGAGE FREE		
					DISNH	NEW HOME		
					DISMI	MATURE CITIZEN		
					DISNC	NO CLAIMS		
					DISMP	MULTI LINE		
					DISSC	SENIOR CITIZEN (AGE RELATED)		
					DISVC	VALUED / PREFERRED CUSTOMER		
					DISNS	NON SMOKER		
					DISAL	ALARM DISCOUNT		
					DISOC	OCCUPATION		
					DISRD	RETIREE		
					SURHE	PRIMARY HEATING		
					SURAU	SECONDARY AUXILIARY HEATING		
					SURCL	CLAIMS		

12. SCHEDULED PERSONAL PROPERTY DETAIL Action: A = Add, D = Delete, C = Change

ACTION	#	CLASS CODE	DESCRIPTION (INCLUDING SERIAL / IDENTIFICATION NUMBER)	COVERAGE CODE	TYPE OF 1	TYPE OF 2	PURCHASE/ APPRAISAL DATE	DEDUCTIBLE	% DISC. APPLICABLE	AMOUNT OF INSURANCE
	1									
	2									
	3									

13. WATERCRAFT AND TRAILERS (indicate if boat trailer or travel trailer) ☐ STAND ALONE WATERCRAFT POLICY

ACTION	YEAR	DESCRIPTION MAKE/MODEL	COVERAGE	DEDUCTIBLE	IDENTIFICATION/ SERIAL NUMBER

ACTION	TYPE	STYLE	CONSTRUCTION	LENGTH	HORSE- POWER	PURCHASED DATE	NEW OR USED	PURCHASE PRICE (including contents)	REPLACEMENT COST	VALUE OF CONTENTS INCLUDED IN THE PURCHASE PRICE	VALUE OF NON STANDARD EQUIPMENT	MAXIMUM SPEED

14. REMARKS**15. BROKER QUESTIONNAIRE**

HAVE YOU SEEN THIS PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	CONDITION OF PROPERTY	<input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR
BROKER NAME (Please Print):	SIGNATURE OF BROKER		DATE	